

AO 410 Rev. 05-00 Summons in a Civil Action

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

Gregorio Trevino and Oralia Trevino

CASE NUMBER: 08-cv-1409

V.

ASSIGNED JUDGE: Robert M. Dow, Jr.

U-Haul International, Inc., U-Haul Company of
Florida, Inc., General Motors Corporation, and Janet
M. Deutsch, as Special Administrator of the Estate of
William J. Geary

DESIGNATED
MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

General Motors Corporation
CT Corporation System
208 South Lasalle Street, Suite 814
Chicago, IL 60604

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

William J. Maiberger, Jr.
Watts Law Firm, LLP
300 Convent Street, Suite 100
San Antonio, Texas 78205
(210) 527-0500

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

NOTE: When the print dialogue
box appears, be sure to uncheck
the Annotations option.

MICHAEL W. DOBBINS, CLERK

JUN 18 2008

By: DEPUTY CLERK

DATE

AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>6/27/08</u>	
NAME OF SERVER (PRINT) <u>ADRIA MARTINEZ</u>	TITLE <u>PARALEGAL</u>	
<i>Check one box below to indicate appropriate method of service</i>		
<p><input type="checkbox"/> Served personally upon the defendant. Place where served: _____</p> <p>_____</p> <p><input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.</p> <p>Name of person with whom the summons and complaint were left: _____</p> <p><input type="checkbox"/> Returned unexecuted: _____</p> <p>_____</p> <p>_____</p> <p><input checked="" type="checkbox"/> Other (specify): <u>certified mail, return receipt requested</u></p> <p>_____</p> <p>_____</p>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>7/10/08</u> <u>Adria Martinez</u></p> <p style="text-align: center;">Date Signature of Server</p> <p style="text-align: center;">_____ Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.34
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.73

Sent To: General Motors Corp.
 Street, Apt. No., or PO Box No. 208 South LaSalle St. Ste 814
 City, State, ZIP+4 Chicago, IL 60604

PS Form 3800, August 2006 See Reverse for Instructions

7008 0150 0001 5871 8616

Postmark Here JUN 23 2008 DOWNTOWN STATION SA

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>JUN 27 2008</p>
<p>1. Article Addressed to:</p> <p>General Motors Corp. 208 South LaSalle St., Suite 814 Chicago, IL 60604</p>	<p>RECEIVED CT SOP DEPT</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>PS Form 3811, February 20</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7008 0150 0001 5871 8616</p> <p>Domestic Return Receipt 102595-02-M-1540</p>